

If there is any change made during the school year, contact the school office IMMEDIATELY

### Logan County Schools Enrollment Information

School: \_\_\_\_\_ Homeroom \_\_\_\_\_  
Start Date: \_\_\_\_\_  
**Office Use Only**

Legal Name of Student \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Suffix \_\_\_\_\_  
(Last) (First) (Middle) (Jr., III, etc)

Male  Female Grade: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Birthplace: (Country) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_ SS# \_\_\_\_\_  
**(OPTIONAL)**

Is your ethnic origin  Hispanic or  Non-Hispanic  
Race:  White  Black  Asian  Pacific Islander/Native Hawaiian  American Indian/Alaskan Native

Student Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**(Check only if applicable)** Is this a:  Shelter  Motel  House or apartment shared with friends or family members

Student Mailing Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
(if different) (Street or PO Box)

Citizenship: U.S. Citizen  Yes  No If no, country of residence: \_\_\_\_\_  
 Migrant  Immigrant  Refugee: Country \_\_\_\_\_

Have you ever been enrolled in a Kentucky school?  Yes  No If yes: Date/Year attended: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

School Address: (City) \_\_\_\_\_ (County) \_\_\_\_\_  
(State) \_\_\_\_\_

Does your child have special needs, or does he or she receive special education services?  Yes  No  
Does your child have a 504 plan?  Yes  No  
Has your child been formally identified as Gifted/Talented?  Yes  No  
Does your child receive Title 1 services?  Yes  No

**Race/Ethnic Group Categories**

- White (not Hispanic)-A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
- Black (not Hispanic)-A person having origins in any of the black racial groups of Africa
- Hispanic-A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin regardless of race
- Asian/Pacific Islander-A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands
- American Indian or Alaskan Native-A person having origins in any of the original peoples of North America and who maintains culture identification through tribal affiliation or community recognition

#### Parents/Guardians Living in Same Household as Student

Legal Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Phone: Home (\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_

Legal Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Phone: Home (\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_

#### Siblings Living in Same Household as Student

Legal Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Grade: \_\_\_\_\_  
Currently attending a Logan County School?  Yes  No  
Name of School: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Grade: \_\_\_\_\_  
Currently attending a Logan County School?  Yes  No  
Name of School: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Grade: \_\_\_\_\_  
Currently attending a Logan County School?  Yes  No  
Name of School: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Grade: \_\_\_\_\_  
Currently attending a Logan County School?  Yes  No  
Name of School: \_\_\_\_\_

#### Parents/Guardians Living at Another Address (Different from Student)

Does this parent/guardian have joint custody?  Yes  No  
If no, should this parent/guardian receive school information?  
 Yes  No  
Legal Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Home (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Is there a court order restricting this parent/guardian's access to the student?  Yes  No  
(If yes, a copy of the court order **MUST** be provided to the school).

Does this parent/guardian have joint custody?  Yes  No  
If no, should this parent/guardian receive school information?  
 Yes  No  
Legal Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Home (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Is there a court order restricting this parent/guardian's access to the student?  Yes  No  
(If yes, a copy of the court order **MUST** be provided to the school).

## Transportation

Legal Name of Student \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Suffix \_\_\_\_\_ (Jr., III, etc)  
Primary Transportation to School (check all that applies):  Car Rider  Walker  School Bus Bus #: \_\_\_\_\_ (assigned by school district staff)  
Transportation by LCS:  None  A.M.  P.M.  Both A.M. & P.M.  More Than 1 Mile  Less Than 1 Mile Daycare: \_\_\_\_\_

## Language

What is the language most frequently spoken at home? \_\_\_\_\_

Which language did your child learn when he or she first began to talk? \_\_\_\_\_

What language does your child most frequently speak at home? \_\_\_\_\_

What language do you most frequently speak to your child? \_\_\_\_\_

**If any answers above are other than English, please complete the Home Language Survey.**

## Medical and Emergency Information

Family Physician: \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

Identify problems and/or medical conditions that should be known to school personnel (check all that apply):

- ADHD/ADD  Anxiety Disorder  Asthma  Bronchitis  Diabetes  
 Eczema  Epilepsy  Food allergy  Epitaxis (nosebleeds)  Headaches/migraines  
 Hearing loss  Hypoglycemia  Palsy, cerebral  Seizures (specify \_\_\_\_\_)  
 Urinary frequency  Visual loss  Other: \_\_\_\_\_

Does your child have any of the following allergies:  Medicines\*  Latex  Insect stings/bites  Foods\*  Other \_\_\_\_\_

\*Please specify ALL medicines/foods your child is allergic: \_\_\_\_\_

Does your child require the use of an Epi-Pen<sup>®</sup> or other intravenous medications?  Yes  No If Yes, specify: \_\_\_\_\_

### Medications, Dosages and Frequency

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Medications, Dosages and Frequency

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: An Administration of Medication Release form must be on file for any medication to be given to a student during the school day.**

In case of an accident or emergency of any kind, when parent/guardian cannot be contacted please call and/or release my child to one of the following:

Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_  
 Home  Work  Cell

Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_  
 Home  Work  Cell

Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_  
 Home  Work  Cell

**If there is anyone NOT ALLOWED to pick-up this child, list their name and relationship: (Legal documentation MUST be on file at school)**

Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_

The school is not responsible for students authorized by parent to leave school during school hours or for students in elementary and middle school authorized by parent to privately return to their homes after school.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_